METRO HEALTH
SAN ANTONIO'S PUBLIC HEALTH TEAM

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SHOT TALK

THIMEROSAL-WHAT?!?

Q: What is thimerosal and why has it been in the news lately?
A: Thimerosal is a preservative that has been used as an additive to biologics and vaccines since the 1930's. It is very effective at destroying bacteria thus preventing bacterial contamination, particularly in opened multi-dose vials. There are small amounts of ethyl mercury in thimerosal. Some, but not all vaccines recommended routinely for children contain thimerosal. The U.S. Public Health Service and the American Academy of Pediatrics (AAP) issued a joint statement urging vaccine manufacturers to eliminate or reduce the mercury content of their vaccines as soon as possible.

Q: Does the presence of thimerosal in a vaccine mean there is danger to children?
A: From 1990 to 1998 there were 45 reports alleging an adverse reaction to thimerosal according to the Vaccine Adverse Events Reporting System (VAERS). Most of these reports concern allergic reactions. Although thimerosal metabolizes to ethyl mercury and thiosalicylate, no available data indicates that the mercury received in vaccines is harmful to children.

Q: Should vaccination of children be delayed until thimerosal-free vaccines are available?
A: Absolutely not. There currently are some brands of thimerosal free vaccine. It is crucial that children continue to be immunized on time even if a thimerosal-free vaccine is not immediately available. There are no indications that thimerosal in vaccines will harm children. According to CDC, if immunizations were deferred, coverage levels would drop which could result in outbreaks of disease.

Q: Should Hepatitis B vaccine still be given at birth?
A: The Texas Department of Health recently recommended the following:
- All children should be immunized according to the 1999 Recommended Childhood Immunization Schedule, including hepatitis B vaccine.
- Infants born to HBsAg-positive women, or to women whose HBsAg status is unknown, should be immunized according to the current 1999 Recommended Childhood Immunization Schedule, with hepatitis B vaccine and HBIG.
- Full-term infants born to known HBsAg-negative women should be immunized beginning at two months of age. The schedule that best conforms to routine well-child visits is dose 1 at two months of age, dose 2 at four months of age, and dose 3 at twelve months of age. Other schedules can be used that conform to the spacing of doses as recommended by the Advisory Committee on Immunization Practices (ACIP).
- All infants born to mothers in high-risk categories should be vaccinated at birth with hepatitis B vaccine.

These high-risk categories are:
- Women from Southeastern Asian countries,
- Women from sub-Saharan Africa,
- Women with a recent history of injecting drug use,
- Women with a recent history of multiple sex partners or multiple cases of sexually transmitted diseases or prostitution and
- Women who have contact with household members who have high-risk behaviors for hepatitis B disease.
- Pre-term or low-birth-weight infants born to known HBsAg-negative mothers should receive hepatitis B vaccine, but ideally not until they reach term gestational age and a weight of at least 5.5 pounds (2.5 Kg).
- Providers who opt to delay the administration of hepatitis B vaccine should establish a tracking or recall/reminder system, which will contact parents about the need for immunization visits.

For more information on thimerosal you may call Nancy Walea, RN, at 207-2087.

Sources: Atkinson, William, M.D., M.P.H., Needle Tips, Fall/winter 1999-2000, vol. 9, no. 2 pg. 1-2; Texas Department of Health Memorandum, August 9, 1999, Policy Regarding Thimerosal-Containing Vaccines; American Academy of Pediatrics, Thimerosal in Vaccines—an Interim Report to Clinicians, www.aap.org/new/thirrpublic.htm accessed July 13, 1999.

INSIDE THIS ISSUE

Prenatal Hepatitis B Screening is Now Mandatory

The Texas Legislature enacted a measure in this past legislative session that will require all pregnant women to be tested for hepatitis B surface antigen (HBsAg) during the prenatal period and again upon admission to the hospital for delivery. This measure became effective September 1, 1999.

The American College of Obstetricians and Gynecologist (ACOG), the AAP and the ACIP has recommended hepatitis B screening of pregnant women since 1991. Prenatal testing can readily identify hepatitis B carriers and assure vaccination and administration of hepatitis B immune globulin (HBIG) to their infants.

HBsAg is the most commonly used test for diagnosing acute hepatitis B viral (HBV) infection or detecting carrier status. HBsAg can be detected as early as one or two weeks and as late as eleven or twelve weeks after exposure to HBV when sensitive assays are used. The presence of HBsAg indicates that a person is infectious, regardless of whether the infection is acute or chronic. Mothers with either acute or chronic HBV infection should be considered infectious any time that HBsAg is present in the blood. When symptoms are present with acute HBV infection, HBsAg can be found in the blood and body fluids of infected mothers for one to two months before and after the onset of symptoms. Transmission of perinatal HBV infection can be prevented in approximately 95% of infants born to HBsAg-positive mothers by early active and passive immunoprophylaxis of the infants with hepatitis B vaccine and HBIG.

For more information on the San Antonio Metropolitan Health District (SAMHD) Perinatal Hepatitis B Prevention Program, including a fax sheet for reporting of HBsAg-positive pregnant women, please contact Tom Gonzalez at 207-2088.

What Is HBIG And How Is It Used?

HBIG stands for Hepatitis B Immune Globulin. Hepatitis B immune globulin is prepared from hyperimmunized donors whose plasma is known to contain a high titer of anti-HBs and to be negative for antibodies to HIV and hepatitis C virus. The process used to prepare HBIG inactivates and/or eliminates HIV and HCV from the final product. HBIG is used for passive immunization for (1) accidental exposure (percutaneous, mucous membrane), (2) sexual exposure to HBsAg-positive person, (3) perinatal exposure of infants or (4) household exposure of an infant less than 12 months old to a primary caregiver with acute hepatitis B. All candidates for HBIG are, by definition, members of a high-risk category and should therefore be considered for vaccine.

DOES THE SAMHD HAVE HBIG AVAILABLE?

The SAMHD does not stock HBIG. The SAMHD receives few requests for HBIG and because it is so expensive ($600-$700/per 5cc vial) it is not financially feasible for SAMHD to purchase and store HBIG.

WHAT SHOULD I DO IF I HAVE A PATIENT WHO NEEDS HBIG?

The large birthing hospitals usually stock HBIG because they need it on hand to give to babies who are born to HBsAg – positive mothers. Referring a patient to the emergency room in one of these facilities is the most logical approach. Since levels on hand vary with the number of births that have occurred at the hospital it might be wise to call the hospital to which the patient will be referred to ensure an adequate amount is available. For more information on HBIG you may contact Nancy Walea, RN, at 207-2087

Sources: Atkinson, Humiston et al. Epidemiology and Prevention of Vaccine-Preventable Diseases, 5th Ed., January 1999, p. 243-244. American Academy of Pediatrics, 1997 RED BOOK, p. 250.

Hepatitis A Study

The SAMHD has recently completed recruiting twelve-month-old children to participate in a Merck VAQTA™ Hepatitis A clinical vaccine study. This study, which began in April, is evaluating the immunogenicity and safety of the vaccine when given with routine childhood immunizations.

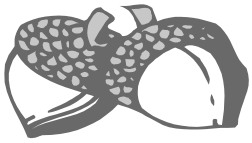
Children enrolled in this study are required to make 4 visits to the SAMHD during a seven-month period. During this time, they receive all childhood immunizations as well as two doses of VAQTA™ Hepatitis A.

The SAMHD will be participating in two other clinical vaccine studies this fall. These include a study with Havrix™ Hepatitis A from SmithKline Beecham and a study with Comvax™ from Merck.

The Havrix™ Hepatitis A study will evaluate the immunogenicity of Hepatitis A when co-administered with routine childhood vaccines. Eligible clients for the Havrix™ Hepatitis A clinical vaccine study include children aged 11-13 months old, 15-18 months old or 23-25 months old.

The Merck Comvax™ study will compare the efficacy and immunogenicity of Comvax ™when administered with routine childhood immunizations. Children enrolled in this study will be evaluated by SAMHD through four visits in a four-month time frame and, must be six to seven weeks in age. Subsequent visits for the Comvax™ study are at two months, three months and four months.

Participants enrolled in either study will receive all childhood vaccinations free of charge. If you would like more information or have any patients interested in either study contact Brenda Lemke at 207-2859.



Viral Hepatitis in South Texas

A prospective study on hepatitis A was conducted with 285 children from three sociodemographically dissimilar backgrounds in South Texas. Investigators from the University of Texas Health Science Center at San Antonio found that children living in border colonias had a 37 percent prevalence of hepatitis A virus infection. Comparatively, children in urban border communities had a hepatitis A prevalence of 17 percent, while the rate for children in San Antonio was 6 percent.

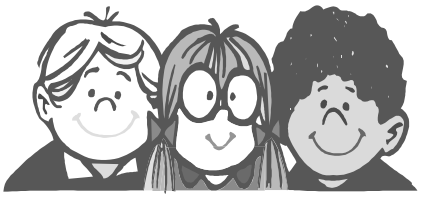
The authors determined that increased age, colonia residence, and history of residence in a developing country are independent risk factors for hepatitis A. Factors that were protective against hepatitis A infection included use of bottled water and maternal secondary education. The investigators recommend improved sanitation or routine hepatitis A vaccination at an early age to reduce the prevalence in the areas studied.

Source: "Epidemiology of Viral Hepatitis in Children in South Texas: Increased Prevalence of Hepatitis A Along the Texas-Mexico Border". Journal of Infectious Diseases Online (08/99) Vol. 180, No. 2, P.509; Leach, Charles T.; Koo, Felix C.; Hilsenbeck, Susan G.; et al. Infectious Disease Society of America.

National Immunization Survey

The Centers for Disease Control and Prevention (CDC) released its most current National Immunization Survey (NIS) results on September 23, 1999. The NIS is used to measure the vaccination coverage among preschool children in the US at the levels of the nation, each state, and 28 major urban areas. The NIS provides estimates of coverage that can be compared among all the areas measured.

According to 1998 NIS Survey, Bexar County is still leading the way for the state of Texas for specific antigen coverage (including DTaP, Hepatitis, Polio, and Varicella). The estimated vaccination coverage rates of Bexar County for individual vaccines among children 19-35 months of age is as follows: ≥4 DTP/DT = 82.9%, ≥3 Polio = 92.7%, ≥1 measles containing vaccine = 92.1%, ≥3 Hib = 91.6%, and ≥ 1Varicella = 47.8%. The complete NIS will be distributed in the publication of a Notice to Readers of the MMWR on Thursday, September 23, 1999.



Back to School Wrap Up

The SAMHD in cooperation with KTSA/KTFM radio stations sponsored the 7th annual back-to-school immunization clinic at Crossroads Mall on July 31, 1999. This collaborative effort was designed to help students and parents comply with the new state regulations for Texas schools. This activity helped to raise the awareness of immunization issues and encourage members of our community to protect children from deadly diseases by immunizing them on time.

All school immunization requirements are based on the 1999 Recommended Childhood Immunization Schedule, approved by the ACIP, the AAP, and the American Academy of Family Physicians (AAFP). Children on an optimum schedule will have received 5 doses of DTP vaccine, 4 doses polio vaccine, 3 or more doses of Hib vaccine, 3 doses hepatitis B vaccine, 2 doses MMR, and 1 dose varicella vaccine, or proof of the disease, by the time they enter kindergarten.

At this year's back-to-school immunization drive 542 people were immunized and a total of 1,230 doses of vaccine were given. The success of this clinic could not have been accomplished without the help of our community and partners. Your contributions to this effort are greatly appreciated.

National Adult Immunization Awareness Week

Protecting adults from the threat of vaccine preventable diseases comes to the forefront in October as the SAMHD commemorates National Adult Immunization Awareness Week, October 10-16, 1999.

The Immunization Action Coalition and the National Coalition for Adult Immunizations reminds adults that they are never too old for immunizations. Adult immunization programs strive to immunize 65% of America's adult population against vaccine preventable diseases to meet the *Healthy People 2000* goal.

Beginning October 9, 1999 through February 29, 2000, the SAMHD will be providing low cost influenza, pneumococcal and tetanus-diphtheria (Td) immunizations at various clinics throughout the city. The cost of receiving these vaccines is $5.00 each. Persons with Medicare Part B, Medicaid or *CareLink* are eligible to receive a flu immunization at no cost by showing proof of coverage at the time of immunization.

Special clinics will be held at McCreless Mall on Saturday, October 9, 1999, Crossroads Mall on Saturday, October 23, 1999 and Central Park Mall on Saturday November 6, 1999 from 10:00 AM to 2:00 PM. Anyone needing information on health department clinics offering these services can contact the SAMHD AutoDialer at 207-8750.

Our Newest Partners Are

The VFC Program welcomes our newest allies; Children First Pediatrics, Dr. Carlos Porter, Dr. Enrique Velez, South Alamo Pediatric Center, East Central Independent School District, Judson Independent School District, Southside Independent School District, Dr. Richard Tamez, Huebner Oaks Medical Group, SAMHD Chest Clinic and the SAMHD Sexually Transmitted Disease Clinic.

Welcome Aboard!

Vaccine Facts

MMR

✴ First dose of MMR at 12-15 months.
✴ Second dose of MMR at 4-6 years.
✴ Second dose may be given anytime >4 weeks after the first dose.

Varicella Vaccine Recommendations for Adolescents and Adults

✴ Susceptible persons at high risk of exposure or severe illness includes:
- Þ Teachers of young children
- Þ Institutional settings
- Þ Military
- Þ Women of childbearing age
- Þ International travelers

Source: Epidemiology and Prevention of Vaccine-Preventable Diseases, 5th edition January 1999 Centers for Disease Control and Prevention

Polio Vaccine News

On July 16, 1999, the MMWR published "Revised Recommendations for Routine Poliomyelitis Vaccination" as a "Notice to Readers". The ACIP recommends the use of an all-IPV schedule for routine childhood polio vaccination in the United States by January 1, 2000. All children will need to get IPV at 2, 4, 6-18 months, and 4-6 years of age.

OPV should only be used for the following special circumstances:
1) mass vaccination campaigns to control outbreaks of paralytic polio; 2) unvaccinated children who will be traveling in <4 weeks to areas where polio is endemic; and 3) children of parents who do not accept the recommended number of vaccine injections. These children may receive OPV only for doses #3 and/or #4, and only after the clinician has discussed the risk of vaccine-associated paralytic polio with the parent or caregiver.
4) The SAMHD vaccine depot has exhausted all OPV stock and can no longer order OPV from CDC contracts. Use remaining OPV for third and fourth doses. All providers will begin receiving IPV with future vaccine orders.

Source: Immunization Action Coalition, Needletips, FALL/WINTER 1999-2000.

Foreign Travel

The San Antonio Metropolitan Health District continues to offer foreign travel services for those who plan to travel to countries where vaccine preventable diseases are more prevalent then in the United States. The foreign travel vaccines offered by SAMHD include yellow fever, oral typhoid, cholera, meningococcal, hepatitis a and b, polio, tetanus diphtheria, and varicella. Recently, lymerix and injectable typhoid have been added to the foreign travel list of available vaccines. As of August the SAMHD Foreign Travel Program has vaccinated over 2,500 clients with over 2,800 vaccines. For more information or to make a foreign travel appointment, please contact Rebecca Prieto, R.N., at 207-8872.

Survey Results

The results of the 1999 Vaccines for Children (VFC) Provider Satisfaction Survey are in and once again the results reveal that program participants are overwhelmingly positive about the VFC program. The SAMHD VFC team mailed out 187 surveys and received 119 for a response rate of 63.6%.

Overall the responses were very positive in all areas of the survey. Most questions were rated on a scale from 1 to 5 where 1 was "Strongly Disagree" through 5 which was "Strongly Agree". The average responses for each of the question groupings is as follows:
1. Program ease of use - 4.1.
2. Program efficacy - 4.4.
3. Provider satisfaction with VFC staff - 4.1.
4. Satisfaction with ***Shot Talk***, - 3.8.
5. Satisfaction with CASA assessments - 3.8.

The SAMHD VFC team would like to thank our VFC providers who took the time to respond to our survey. Your input helps make the program better for everyone. You can find more detailed results of the survey on the SAMHD web page under the Immunizations link.

VFC Reminders

Vaccines for Children Providers are reminded that monthly reports are due on the 8th of each month for the previous month. These reports include monthly inventory of biologicals, monthly biological waste report and the monthly temperature log.

To protect your vaccines and avoid vaccine loss caused by compressor failure, check the temperatures in your refrigerator and freezer twice a day. For more information on reporting requirements contact Vivian Flores at 207-2868.

Immunization Program Contacts:

Program Operations:
Mark Ritter, MHA 207-8794
Clinical Operations/Foreign Travel:
Lynn Seeman, RN 207-8804
Hepatitis Program/Surveillance/Rabies:
Nancy Walea, RN 207-2087
VFC Program:
Vivian Flores 207-2868
Vaccine Ordering:
Anthony Johnson 921-1178
Infant Action Plan/WIC Linkage:
Pamela Williams 207-2869
Systems Analyst:
Terry Boyd, MS 207-8792
Vaccine Study Coordinator:
Brenda Lemke, MHA 207-2859

Thank You for Your Support!

Upcoming City Holidays

Veterans Day, November 11, 1999
Thanksgiving Holidays
November 25-26, 1999